

## **PLEA**

Defendant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Citation number(s) \_\_\_\_\_

Current Address \_\_\_\_\_

Daytime phone (\_\_\_\_) \_\_\_\_\_

Plea (Check one):

\_\_\_\_ **No Contest** \_\_\_\_ Payment in full \_\_\_\_ Check or money order payable to the  
*Municipal Court.*

Charge: \_\_\_\_ VISA \_\_\_\_ MASTERCARD

Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_

**Full amount paid \$** \_\_\_\_\_

**Signature** \_\_\_\_\_

\_\_\_\_ **Not Guilty** An Order for Pretrial Conference will be mailed to you.

**Mail to: Municipal Court, 1315 North 23<sup>rd</sup> Street, Suite 102, Sheboygan, WI 53081**

**Include a copy of your citation or the defendant's name *and* citation number.**

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